

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF MENTAL HEALTH**



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February 14, 2013

The Clerk, Criminal Division  
Superior Court of the District of Columbia  
500 Indiana Avenue, NW, Room 4110  
Washington, D.C. 20001

Re: FULLARD, Jonathan  
Case #: 2012 CF1 4518 & 2012 CF1 4519

Dear Sir or Madam:

In response to court orders, I conducted a competency examination of Mr. Jonathan Fullard on February 14, 2013 in the D.C. Superior Courthouse cellblock. The purpose of the examination was to assist the Court in its determination of the defendant's competency to participate in sentencing or waive the insanity defense. Mr. Fullard is a 29 year old man currently awaiting sentencing on Murder II. According to the Mental Examination Information Sheet, the examination was requested by the Judge and Defense Counsel.

This report is based on a 45 minute interview with the defendant, review of the Mental Competency Screening Examination Order, Mental Examination Information Sheet, Pretrial Services Agency Report, Criminal Rule 112, the U.S. Attorney's Statement of Charges, the Gerstein proffer, the indictment, the U.S. Attorney's Plea Offer, the Plea Agreement and Waiver of Trial, and the Government's Memorandum in Aid of Sentencing, records obtained from the Central Detention Facility, evaluations completed by Pretrial and Assessment Services dated January 7, 2013 and January 14, 2013, a review of two psychological tests administered by the previous examiners (the Test of

Memory Malinger and the Structured Interview of Reported Symptoms, 2<sup>nd</sup> Edition). Mr. Fullard was informed of the nature and purpose of this examination and the limits of confidentiality.

When Mr. Fullard was evaluated on January 14, 2013, he presented as alert, cooperative, fully oriented, and in no acute distress. His speech was adequately enunciated, low in tone and volume, and somewhat slow. His conversation was coherent, goal-directed, and appeared to be reality based. There was no evidence of hallucinations, anxiety, phobias, delusions, or bizarre thought content. His affect was mildly depressed but appropriate to the matters discussed. His attention, concentration, mathematical and abstract thinking abilities appeared to be unimpaired. His memory for recent and remote events appeared to be adequate. His immediate recall was appropriate although he struggled with delayed recall unless prompted. He was able to discuss the similarities/differences between various nouns and give plausible responses to hypothetical social situations. When asked to name three US cities, he reported that he did not know any but was able to identify the city he was currently in Washington, DC. Mr. Fullard was asked to provide answers to the same questions he was asked on January 7, 2013. Responses provided were largely consistent from week to week. Mr. Fullard reported that he was involved with OPD at 35 K Street around 2009 or 2010 at the request of his probation officer. He reported that he was diagnosed with "schizophrenia and bipolar" and prescribed medications. He was provided with a 30 day supply of medication and did not return for a refill as the medication was not very helpful. He denied currently being on any psychiatric medications, although jail records indicated that he receives 15mg of Remeron. When asked about his symptoms of mental illness, he endorsed auditory hallucinations (to kill himself and cause harm to others). When asked to describe his experience of Bipolar Disorder, he indicated that he did not know what it meant. When queried about symptoms of mood fluctuations, he indicated that he often experiences feelings of sadness and depression but will at other times feel happy and have trouble sleeping. When asked about feelings of self harm, he reported that he has dreams about cutting his wrist. He indicated that he would plan to harm people that he was not getting along with and then harm himself using razors provided by the jail as he was too scared to go through with it. He reported that he did not currently have intent to act on this plan. There was no overt evidence of him responding to internal stimuli nor did he self report the presence of any internal stimuli.

Upon current mental status examination, Mr. Fullard he was alert, cooperative and engaged, fully oriented, and in no acute distress. He was groomed in standard issued institutional attire. His appearance and hygiene were adequately maintained. He maintained appropriate eye contact with the evaluator. He smiled and laughed (appropriately) at various topics that were discussed. His psychomotor activity was relaxed. His speech was articulate, well enunciated, normal in pace and rate, and low and soft in tone. His conversation was coherent, goal-directed, and appeared to be reality based. Mr. Fullard discussed his family, educational background and history of employment in a logical and organized manner. While he endorsed a history of

hallucinations and symptoms of depression, there was no evidenced that he was responding to internal stimuli during the course of our meeting. Mr. Fullard conveyed that he intermittently hears a voice instructing him to "do the wrong thing." He also has visions of people "walking by his cell" at the detention center. He is depressed over his current legal situation, being "caged," and when his family leaves after they have visited him at the jail. There was no evidence of and he denied a history of anxiety, phobias, delusions, paranoia or bizarre thought content. He described his current mood as "okay." His affect was appropriate to matters discussed. Mr. Fullard's attention and concentration were unimpaired.

Mr. Fullard reported that he previously received mental health treatment at the Department of Mental Health's 35K Street location. He identified his diagnoses as Schizophrenia and Bipolar Disorder. He was unable to recall the medication prescribed by his psychiatrist. He denied that he had ever been hospitalized for psychiatric reasons. Records reviewed from the Central Detention Facility indicated that Mr. Fullard has been diagnosed with Cannabis Abuse and Posttraumatic Stress Disorder. He was prescribed Remeron and has adhered with his medication regimen. He has not exhibited acute signs and symptoms of a mental disorder and there have been no abnormalities noted in his mental status.

Regarding his substance abuse history, Mr. Fullard indicated that he smoked marijuana on a "daily basis...all day." He also smoked PCP approximately two to three days per week. Mr. Fullard also identified himself as an alcoholic. He denied that he abused other illicit narcotics. This information contrasted his history as reported to the previous evaluators.

Mr. Fullard identified his charge and informed the evaluator that one of his charges (Cruelty to Children) is scheduled to be dismissed as part of a plea agreement offered by the government. He demonstrated that he understood the nature and gravity of the offense in which he is currently being charged (Murder II). Mr. Fullard conveyed that the investigator assigned to his case had recently reviewed legal materials with him at the detention center. He identified his charge as a felony. Mr. Fullard is aware of the rights a defendant relinquishes when they enter a guilty plea. He also conveyed that when a defendant enters a not guilty plea, they proceed to trial. Mr. Fullard discussed the purpose of a trial as "when a person wants to prove their innocence." He also described how this process occurs. Mr. Fullard accurately conveyed the roles of various courtroom personnel, the role of a witness to include individuals who could potentially be subpoenaed if he opted to decline the plea offer and schedule a trial. Mr. Fullard identified potential items that could be introduced as evidence in a criminal hearing. He verbalized that 12 people are selected for a jury and demonstrated that he is cognizant of their role in the courtroom. Mr. Fullard accurately described the concept of a plea bargain. While he is aware that he signed a plea offer on October 2, 2012, he informed the evaluator that he would like to withdraw the plea and proceed to trial. He explained the reason for his decision to the evaluator. He asked that his request be communicated

in this report. Mr. Fullard identified his attorney by name. The evaluator discussed hypothetical scenarios with the defendant to ascertain if he would be able to demonstrate appropriate courtroom behavior. For example, the evaluator informed the defendant that if he proceeded to trial, there was a possibility that a witness(s) may convey damaging or inaccurate information about him. He replied, "I would whisper and tell my lawyer it's not true." It is noteworthy to mention that the evaluator asked the defendant about his presentation and level of cooperation during previous examinations. He smiled and replied, "It was too many people around...I did not feel comfortable." The defendant was evaluated by his writer in a private cell absent other inmates in the cellblock.

On the basis of this evaluation, it is my expert opinion that the defendant is competent to proceed with his criminal matters. Mental health factors did not compromise his ability to demonstrate a factual and rational understanding of his legal proceedings and an ability to consult with his attorney in the preparation of his defense.

Respectfully submitted,

A handwritten signature in black ink that reads "Teresa Grant, Ph.D." The signature is written in a cursive, flowing style.

Teresa Grant, Ph.D.

Licensed Clinical Psychologist